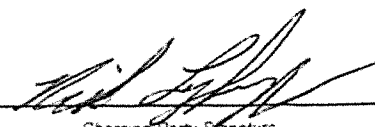


EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <span style="float: right;"><b>564-2016-01135</b></span>	
<b>Oklahoma Attorney General's Office, Office of CR Enforcement</b> and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) <b>Mr. Ricky T. Langkamp</b>		Home Phone (incl. Area Code) <b>(918)</b>	
Date of Birth <b>.1957</b>			
Street Address <b>P.O. Box , Pryor, OK</b>		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>MAYES EMERGENCY SERVICE TRUST AUTHORITY</b>		No. Employees, Members <b>15 - 100</b>	
Phone No. (Include Area Code) <b>(918) 825-6825</b>			
Street Address <b>4144 Redden Street, Pryor, OK 74361</b>		City, State and ZIP Code	
Name		No. Employees, Members	
Street Address		Phone No. (Include Area Code)	
City, State and ZIP Code		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest <b>03-08-2016</b> Latest <b>06-16-2016</b> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I. I've been employed since on or about March 12, 2003 in the position of Executive Director. I suffer from several debilitating injuries and disabilities which the employer is aware of. Since my wife, Darla Langkamp, filed a charge of employment discrimination, I have been retaliated against. I have been stripped of many of my job duties, restrictions have been placed on my authority as Executive Director, I was given a negative job evaluation, and I have been accused of mismanagement and financial improprieties.</p> <p>II. No reason has been given for the unlawful conduct. No corrective action has been taken.</p> <p>III. I believe I have been discriminated against because of my disabilities in violation of The Americans with Disabilities Act of 1990, as amended. I also believe I have been discriminated against because of my association/relationship to an employee, (spouse), who has filed a charge of discrimination in violation of Title VII of the Civil Rights Act of 1964, as amended.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Date <b>2/7/16</b>		Charging Party Signature 	
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)		Date	